

Fulton County 2021 Retiree/Beneficiary Open Enrollment



Agenda

- 2021 Open Enrollment Updates
- Medical Plans
- Dental Plans
- Vision Plan
- Life and AD&D Insurance
- Open Enrollment

2021 Open Enrollment Updates

What's New for 2021

Benefit Updates

- **ALL Retirees/Beneficiaries**
 - EyeMed Vision PPO Plan premiums are decreasing by 13.4%
 - No changes to dental, life or AD&D
- **Pre-65 Retirees/Beneficiaries**
 - Anthem premiums are increasing by 1.4%
 - Kaiser premiums are increasing by 2.5%
- **65+ Retirees/Beneficiaries**
 - Aetna Medicare Advantage premiums are not changing
 - Anthem premiums are increasing by 1.4%
 - **New!** Kaiser Senior Advantage Plan

Tobacco Attestation and Wellness Credit for Pre-65 Retirees/Beneficiaries

- If you enroll in medical coverage for 2021, you **must** complete the *Tobacco-Use Attestation* by **October 9** to avoid a \$50 monthly tobacco-use surcharge
- Due to the COVID-19 pandemic, all eligible pre-65 retirees/beneficiaries will automatically earn a \$240 annual wellness credit for 2021

Passive Enrollment for 2021

- **ALL Retirees/Beneficiaries**
 - Submit a completed *2021 Retiree Open Enrollment Form* if you want to make changes to your coverage—do NOT submit a form if you do not want to make changes
 - If adding a new dependent, submit supporting documentation
- **Pre-65 Retirees/Beneficiaries**
 - Return the *Tobacco-Use Attestation* to avoid the \$50 tobacco surcharge
- **65+ Retirees/Beneficiaries**
 - Return the *Part B Affidavit* to receive the subsidy in 2021

Open Enrollment: September 21 – October 9, 2020

Health Premium Changes for 2021

MEDICAL

- Pre-65 (non-Medicare) Retirees/Beneficiaries:
 - Anthem HSA, HMO and POS Plan premiums are increasing by 1.4%
 - Kaiser HMO Plan premiums are increasing by 2.5%
- 65+ (Medicare) Retirees/Beneficiaries:
 - Basic Aetna Medicare Advantage Plan premiums are not changing
 - Enhanced Aetna Medicare Advantage Plan premiums are not changing
 - Anthem Medicare Indemnity Plan premiums are increasing by 1.4%
 - Anthem Medicare HMO Plan premiums are increasing by 1.4%
 - Anthem PPO Plus Plan (closed to new enrollees) premiums are increasing by 1.4%
 - **New!** Kaiser Senior Advantage Plan

DENTAL

- Aetna Dental HMO Plan premiums are not changing
- Aetna Dental PPO Plan premiums are not changing

VISION

- EyeMed Vision PPO Plan premiums are decreasing by 13.4%

LIFE and AD&D

- MetLife premiums for Dependent Spouse and Child Life Insurance are \$0.85 per month

The Board of Commissioners approved the health premiums for medical, dental and vision for the plan year beginning January 1, 2021.

Virtual Open Enrollment Meeting Dates

Date	Time
Wednesday, September 23	10 a.m. and 2 p.m.
Monday, September 28	10 a.m. and 2 p.m.
Wednesday, September 30	10 a.m. and 2 p.m.
Monday, October 5	10 a.m. and 2 p.m.

Register for a session at <https://bit.ly/31b2bHL>

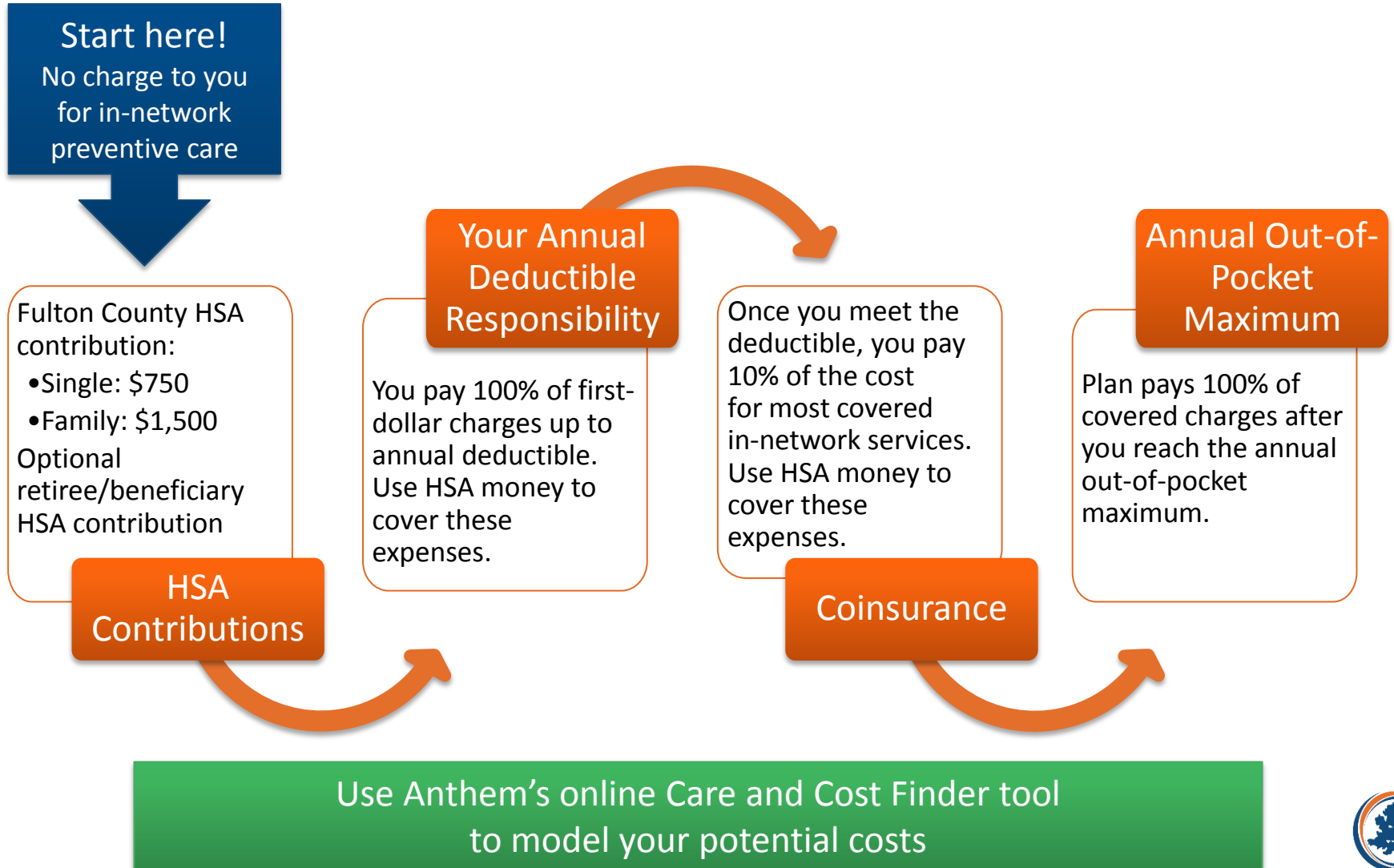
Medical Plans

Pre-65 (Non-Medicare-Eligible) Retirees, Beneficiaries and Dependents

Comparing Medical Plan Features

Plan Features	Anthem HSA	Anthem POS	Anthem HMO	Kaiser HMO
Retiree/beneficiary monthly contributions	Mid-range	Highest	Lower	Lowest
Fulton County contribution toward Health Savings Account (HSA)	Yes	No	No	No
Out-of-network coverage	Yes	Yes	No	No
Deductible	Yes	Yes	No	No
Share costs through copays	Yes	Yes	Yes	Yes
Share costs through coinsurance	No	Yes	No	No
Option to use Grady Health System providers (no deductibles, copays or coinsurance)	Yes; covered 100% after deductible	Yes	Yes	No

How the Anthem HSA Plan Works



Benefits of a Health Savings Account (HSA)

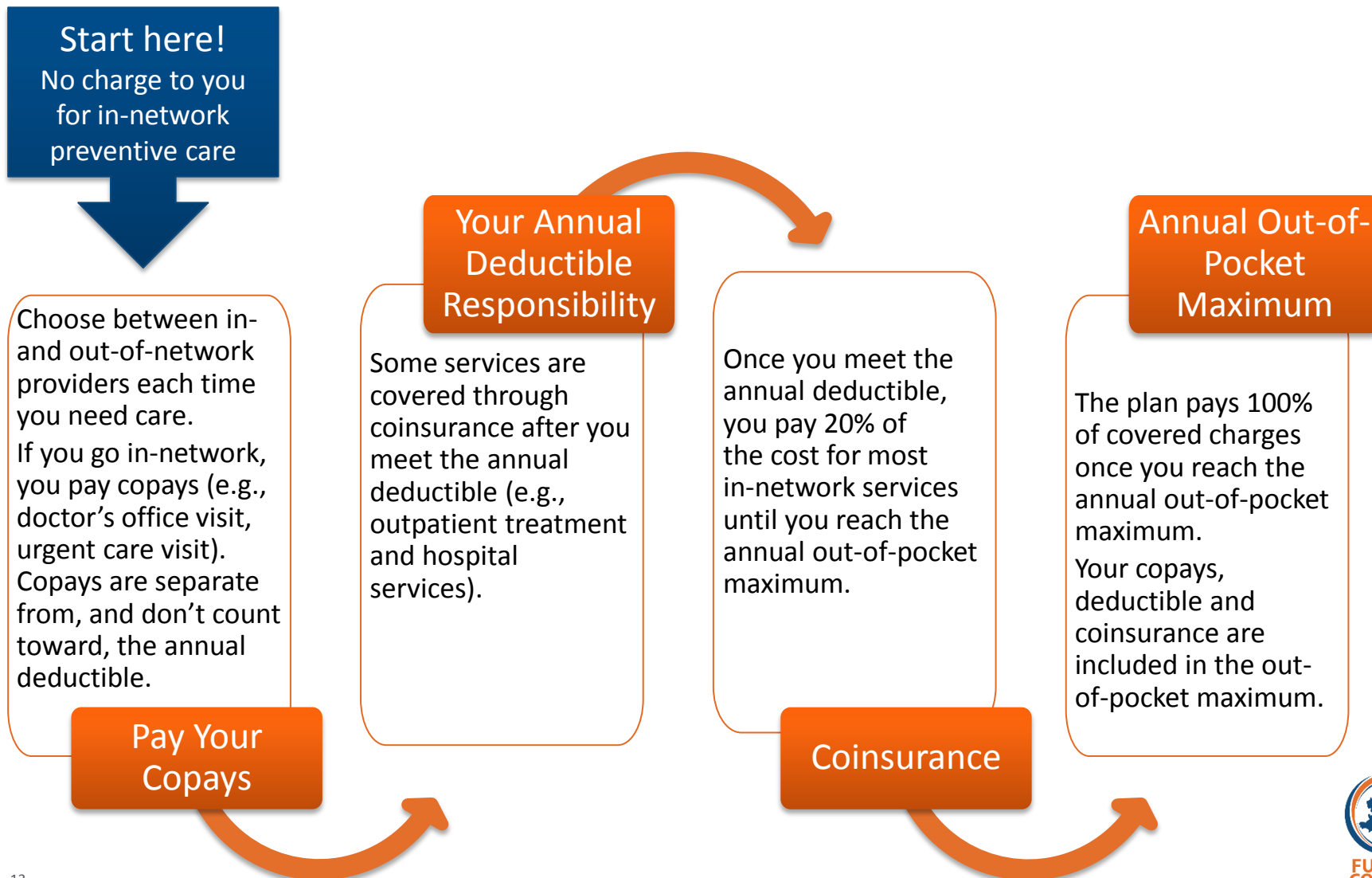
- Use the HSA to pay deductibles, copays and coinsurance for medical, prescription drug, dental, vision and hearing expenses for yourself and your enrolled dependents
- Fulton County contributes to your account
 - Single: \$750
 - Family: \$1,500
- You can make additional contributions* up to:
 - Single: \$2,850
 - Family: \$5,700
- You can contribute an additional \$1,000 if you will be age 55 or older in 2021

*In 2021, the IRS limits for total annual HSA contributions will be \$3,600 for single coverage and \$7,200 for family coverage.

How the HSA Works

- You contribute tax-free to the HSA up to a certain amount each year. The County will contribute to the account, too.
- Use money in your HSA to pay for unreimbursed health care costs, such as doctor visits and prescription drugs.
 - You will get a debit card by mail to pay for eligible expenses.
- After HSA money runs out, you will have to pay the cost out of pocket until you meet the annual deductible.
- Money left in your HSA at year-end can be carried over to the next year. If you leave County employment or change health plans, remaining HSA money can be taken with you.
 - The HSA is in your name and it's your account.
- HSA money can be used for qualified medical expenses until money runs out.
- If you do not elect a qualified high-deductible health plan for 2021 or you move to Medicare, you can still use your HSA money to pay for copays and qualified medical expenses. However, you won't be able to make contributions to your HSA.

How the Anthem POS Plan Works

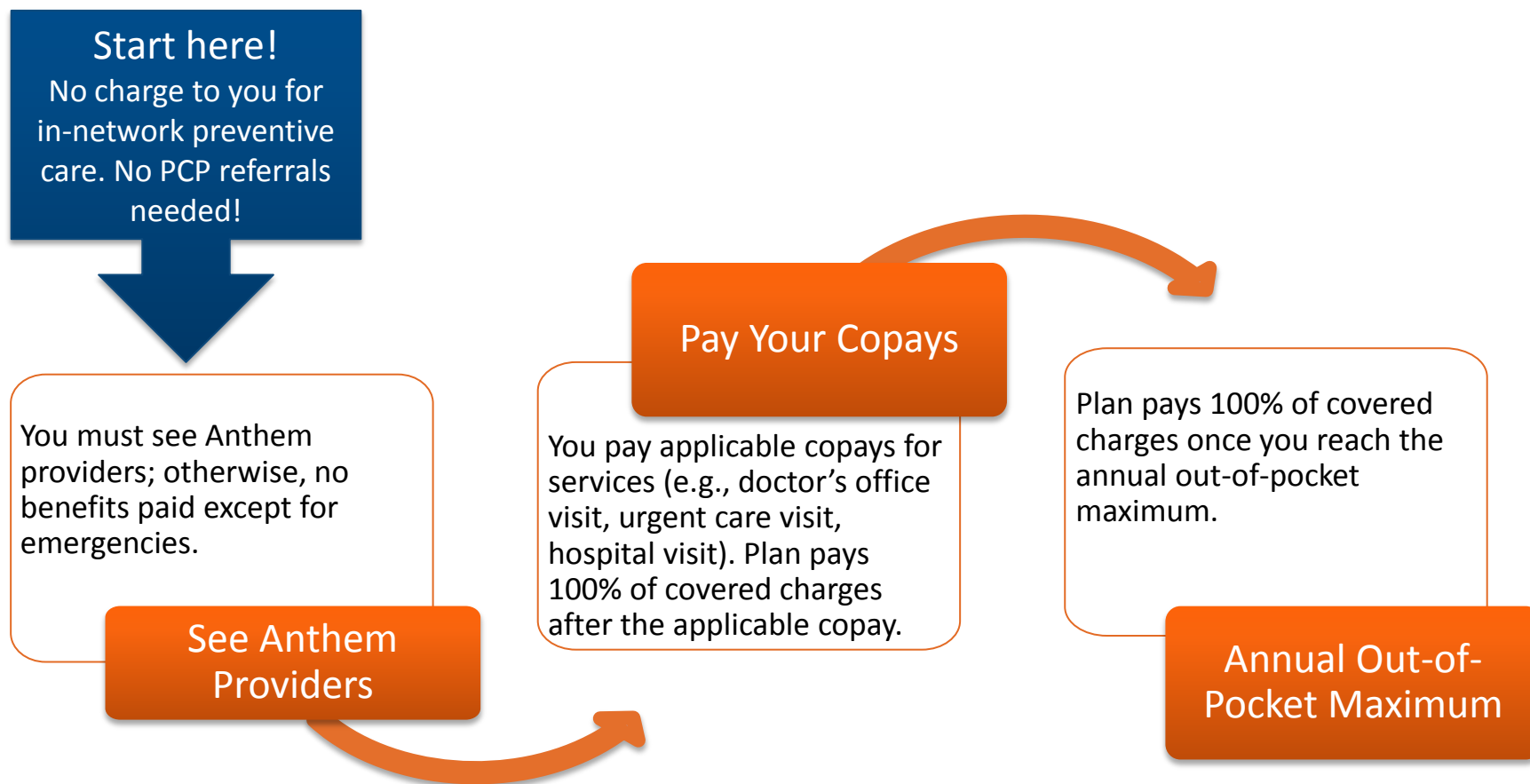


How the Anthem Point of Service (POS) Plan Works

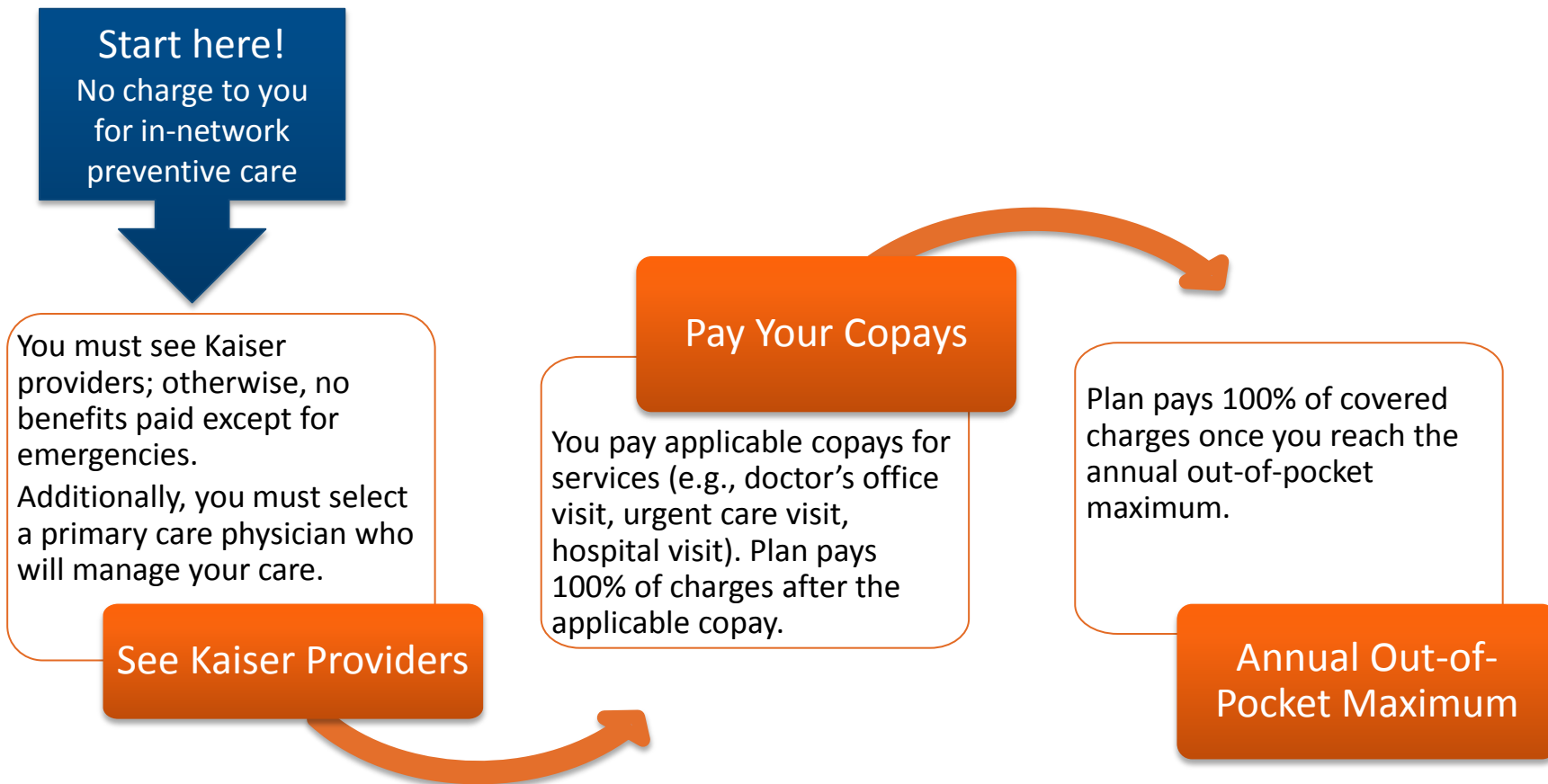
A POS plan is a medical plan that combines the features of HMO and PPO plans:

- **Health Maintenance Organization (HMO):** A medical plan that requires you to see only in-network providers in order to receive benefits, except in an emergency
- **Preferred Provider Organization (PPO):** A medical plan that lets you choose in-network or out-of-network providers; if you go in-network, you pay less for care

How the Anthem HMO Plan Works



How the Kaiser HMO Plan Works



Comparing Medical Plans

		Anthem HSA		Anthem POS		Anthem HMO	Kaiser HMO
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	In-Network Only
County-Provided HSA Contribution		Single: \$750 EE +1 / Family: \$1,500		Not available		Not available	Not available
Annual Deductible	Single	\$1,500	\$3,000	\$500	\$1,000	No deductible	No deductible
	EE + 1	\$3,000	\$6,000	\$750	\$1,500		
	Family	\$3,000	\$6,000	\$1,000	\$2,000		
Out-of-Pocket Maximum	Single	\$3,000	\$6,000	\$2,000	\$4,000	\$6,450	\$6,450
	EE + 1	\$6,000	\$12,000	\$3,000	\$6,000	\$12,900	\$12,900
	Family	\$6,000	\$12,000	\$4,000	\$8,000		

Note: If you are enrolled in the Anthem HMO or POS Plan and use Grady Health System providers, no deductibles, copays or coinsurance payments are required. If you are enrolled in the Anthem HSA Plan and use Grady Health System providers, services will be covered at 100% ***after you have met the deductible.***

Comparing Medical Plans

	Anthem HSA		Anthem POS		Anthem HMO	Kaiser HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	In-Network Only
Preventive Care	100% covered, no deductible	40% after deductible	100% covered, no deductible	40% after deductible	100% covered	100% covered
Office Visit	10% after deductible	40% after deductible	PCP: \$30 Specialist: \$50	40% after deductible	PCP: \$25 Specialist: \$40	PCP: \$25 Specialist: \$40
Emergency Room (waived if admitted)	10% after deductible	10% after deductible	\$200 copay	\$200 copay	\$150 copay	\$150 copay
Urgent Care	10% after deductible	40% after deductible	\$50 copay	40% after deductible	\$50 copay (designated facilities)	\$50 copay (designated facilities)
Inpatient Hospital	10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$250 copay	\$250 copay
Outpatient Hospital	10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$150 copay	\$150 copay

Note: If you are enrolled in the Anthem HMO or POS Plan and use Grady Health System providers, no deductibles, copays or coinsurance payments are required. If you are enrolled in the Anthem HSA Plan and use Grady Health System providers, services will be covered at 100% **after you have met the deductible**.

Comparing Prescription Drug Coverage

- **Generic:** Drugs that are marketed under their chemical names and are comparable to brand-name drugs in form, strength, quality and intended use
- **Preferred Brand:** Brand-name drugs that are preferred based on safety, efficacy and cost
- **Non-Preferred Brand:** Brand-name drugs for which generic or preferred brand alternatives are available
- **Specialty Brand:** Drugs that require special dosing or administration, are typically prescribed by a specialist, and are more expensive than most medications

Comparing Prescription Drug Coverage

	Anthem HSA		Anthem POS		Anthem HMO	Kaiser HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	In-Network Only
Retail (up to a 30-day supply)						
Generic	10% after deductible	40% after deductible	\$10 copay	40% after deductible	\$10 copay	\$10 copay
Preferred Brand	10% after deductible	40% after deductible	\$35 copay	40% after deductible	\$30 copay	\$30 copay
Non-Preferred Brand	10% after deductible	40% after deductible	\$60 copay	40% after deductible	\$50 copay	\$50 copay
Specialty	10% after deductible	40% after deductible	\$100 copay	40% after deductible	\$75 copay	\$75 copay
Mail Order (31- to 90-day supply)						
Generic	10% after deductible	N/A	\$20 copay	N/A	\$20 copay	\$20 copay
Preferred Brand	10% after deductible		\$60 copay		\$60 copay	\$60 copay
Non-Preferred Brand	10% after deductible		\$100 copay		\$100 copay	\$100 copay

How to Locate an Anthem Network Doctor

- Go to **anthem.com/find-doctor**
- **To search as a member:** Use your member ID card number or log in with a username and password
 - Once you're logged in, the search will automatically include doctors and other providers in your plan
 - Enter the search categories based on what you need and click **Search**
- **To search as a guest:** Select **Guests**
 - Select the best answers from each drop-down menu
 - Select a plan/network (Blue Open Access HMO, Blue Open Access POS, or Blue HSA Open Access POS) and click **Continue**
 - Select the best answers for the next set of fields and click **Search**

The screenshot shows the Anthem website's 'Find a Doctor / Find Care' page. At the top, there's a navigation bar with links for 'Individual & Family', 'Medicare', 'Medicaid', 'Employers', 'Producers', and 'Providers'. A search bar is on the right. Below the navigation bar, the main heading is 'Find a Doctor / Find Care'. Underneath, there's a section titled 'Where do you have or need coverage?' with a dropdown menu to 'Select a State'. Below this, there are two main options: 'Members' (Find doctors, hospitals, and more in your plan) and 'Guests' (Not a member? Browse our network directories).

The screenshot shows the search form for guests. It starts with the instruction 'Answer a few questions and then select a plan/network to search.' Below this, there's a blue circle with an 'i' icon and a note: 'Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical Care.' The form has four dropdown menus: 'What type of care are you searching for?' (Medical), 'What state do you want to search in?' (Georgia), 'What type of plan do you want to search with?' (Medical (Employer-Sponsored)), and 'Select a plan/network' (Blue HSA Blue Open Access POS). A 'Continue' button is at the bottom.

Tobacco-Use Attestation

- All eligible pre-65 (non-Medicare) retirees/beneficiaries who enroll in medical coverage for 2021 **must** complete the *Tobacco-Use Attestation* online **by October 9 to avoid a \$50 monthly tobacco-use surcharge.**
- Pre-65 (non-Medicare) retirees/beneficiaries who don't complete the *Tobacco-Use Attestation* during Open Enrollment will be assessed the monthly surcharge via payroll deduction (DB “old plan” retirees/beneficiaries) or ACH debit (DC “new plan” retirees/beneficiaries), effective January 1, 2021.
- If you are a tobacco user and pledge during Open Enrollment to complete a tobacco-cessation program, you must complete the program through your medical provider (Anthem or Kaiser) **by May 31, 2021** to avoid the \$50 monthly tobacco-use surcharge.
 - You will receive the cessation-program details by mail from your medical provider.
- If you are a tobacco user and **do not** pledge by October 9, 2020 to enroll in a tobacco-cessation program, you will be assessed the \$50 monthly tobacco-use surcharge effective the first paycheck/ACH debit in 2021.

65+ (Medicare-Eligible) Retirees, Beneficiaries and Dependents

Claims Adjudication for Medicare-Eligible Retirees/Beneficiaries

- Medical claims adjudication assumes Part B enrollment
- For the purposes of the calculation and adjudication of benefits, even if you have not enrolled in Medicare Part B, the claims administrator (Anthem) will calculate benefits as if you had enrolled.
- The 2021 Part B premium will be published later this year. At that time, those enrolled in Part B will receive their 2021 renewal premium notification in the mail, and new enrollees can determine their Part B premium and any late enrollment penalty, if applicable.
- To avoid the late enrollment premium penalty and the potential increased claims liability, you are encouraged to enroll in Medicare Part B when you first become eligible.

Medicare Part B Premium Subsidy

- Medicare-eligible retirees/beneficiaries can receive a 50% Part B premium subsidy from the County if they meet the requirements.
- Retirees/beneficiaries who are Medicare-eligible **MUST** certify Medicare Part B coverage **ANNUALLY** by completing the *Part B Affidavit*, enclosed in your retiree enrollment kit. Completed affidavits, along with a copy of your Medicare card, must be returned to the Fulton County Pension Office, postmarked by **October 9, 2020**.
- If you do not return the *Part B Affidavit* along with a copy of your Medicare card annually, you will lose the Part B premium subsidy!

Medical Plan Options for 65+ Retirees/Beneficiaries

New! Kaiser Senior Advantage Plan

Current options continue for 2021

- Basic Aetna Medicare Advantage Plan with prescription drug coverage
 - Includes coverage for all Medicare Part A and Part B benefits (hospital services, doctor visits and outpatient care), plus additional benefits, all in one plan—with no deductible
 - All Medicare-eligible retirees, beneficiaries and dependents who are currently enrolled in the Anthem Medicare HMO Plan and have Medicare Part B coverage will automatically be enrolled in the Basic Aetna Medicare Advantage Plan for 2021
 - If you want to remain in the Anthem Medicare HMO Plan, you and your spouse must contact Aetna (800-307-4830) to opt out of the Basic Aetna Medicare Advantage Plan for 2021
- Enhanced Aetna Medicare Advantage Plan with prescription drug coverage
 - Highest level of benefits: Plan pays 100% for all covered services
 - Lower rates than Anthem Medicare Indemnity Plan
 - If you enroll in this plan, you will pay the premium difference between this plan and the Basic Aetna Medicare Advantage Plan
- Anthem Medicare HMO Plan
- Anthem Medicare Indemnity Plan
- Anthem PPO Plus Plan (no new enrollees)

Comparing Medical Plans

	Basic Aetna Medicare Advantage Plan	Enhanced Aetna Medicare Advantage Plan	Anthem Medicare HMO Plan	Anthem Medicare Indemnity Plan	Anthem PPO Plus Plan	NEW! Kaiser Senior Advantage Plan
Annual Deductible	No deductible	No deductible	No deductible	Single: \$100 Family: \$200	Single: \$100 Family: \$300	No deductible
Out-of-Pocket Maximum	\$1,000	No out-of-pocket maximum	Single: \$7,350 Family: \$14,700	No out-of-pocket maximum	Single: \$1,500 Family: \$3,000 (plus deductible)	\$1,000
Pre-Existing Condition Limitation	None	None	None	None	None	None
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Pre-Admission Certification/ Continued Stay Review	Requested for some services, but not required	Requested for some services, but not required	Handled by your doctor	Not required for Medicare-eligible charges	Patient must get approval	Requested for some services, but not required

All Retirees/Beneficiaries

Telehealth

- Telehealth providers are U.S.-based, board-certified doctors who you can connect with in minutes via video chat, using your smartphone, tablet or computer
- Aetna, Anthem and Kaiser provide on-demand 24/7 access to cost-effective, quality care through a national network of licensed doctors, including pediatricians
- Alternative to using the ER and urgent care centers for minor illnesses/conditions
- Same cost as a PCP visit/office visit

Benefits of Using Grady Healthcare

- Anthem and healthcare provider Grady Health System together offer you access to high-quality health services at **no cost to you**.^{*}
 - Inpatient services, including hospitalizations and inpatient testing
 - Outpatient services, including doctor visits and outpatient treatment
 - Neighborhood health centers for visits to Grady's neighborhood clinics
- Grady is one of the largest public hospital systems in the Southeast and is a world-renowned teaching hospital.
 - Staffed with doctors from Emory University and Morehouse Schools of Medicine—two of the most prestigious medical teaching institutions in the U.S.

^{*}If you enroll in the Anthem HSA Plan and use Grady Health System providers, services will be covered at 100% after you meet the deductible.

Dental Plans

Aetna Dental Plan Options

DENTAL HMO (DMO)

- Requires you to see in-network dentists; no out-of-network benefits paid except for emergencies
- You must select a primary dentist during Open Enrollment
- Not available in Louisiana

COMPREHENSIVE DENTAL PPO (DPPO)

- Choose in- or out-of-network providers
 - If you go in-network, you do not need to complete a claim form
 - If you go out-of-network, you are responsible for paying the difference in cost if your dentist charges more than Aetna's preapproved network fees; you may be required to pay the entire cost at the time of treatment and submit a claim for reimbursement

Aetna does not cover dentists' charges for COVID-19-related personal protective equipment (PPE). You will be responsible for any PPE charges.

Comparison – Dental HMO vs. Comprehensive Dental PPO

Plan Features	Dental HMO	Dental PPO
Retiree/beneficiary monthly contributions	Lowest	Highest
Benefits paid out-of-network	No	Yes
Size of the provider network	Smaller	Larger
Must use primary dentist for care and referrals	Yes	No
Deductible	No	Yes

Comparing the Dental Plans

Plan Features	Dental HMO	Dental PPO
Deductible	None	Single: \$50 Family: Up to \$150
Preventive Services	100% covered	100%* covered
Basic Services	100% covered	15%*
Major Services	40%	50%*
Annual Benefit Maximum	None	\$1,500 per person
Orthodontia Services	\$1,500 copay; two years of treatment plus two years of follow-up	Deductible: \$50 per person Lifetime maximum: \$1,500 per person

*Out-of-network services will be covered based on the reasonable and customary charge, which is the normal amount charged by most dental providers in your geographic region, as determined by Aetna. If you go out-of-network for care, you will be responsible for your coinsurance, plus any amount over the reasonable and customary charge.

Vision Plan

EyeMed Vision Plan

- Vision Preferred Provider Organization (PPO) through EyeMed
- Choose in-network or out-of-network providers; if you go in-network, you pay less for care
- If you go out-of-network, you will be required to pay the entire cost at the time of treatment and submit a claim for reimbursement

EyeMed Vision Plan Benefits

Vision Benefits	What's Covered	
Examination	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 12 months	
Provider Services	In-Network	Out-of-Network
Examination	Plan pays 100%, up to \$50	Up to \$50 allowance
Eyeglass Lenses and Frames	Up to \$200 allowance	Up to \$100 allowance
Contact Lenses (in lieu of glasses)	Up to \$200 allowance (or 100% if medically necessary)	Up to \$160 allowance (or up to \$200 if medically necessary)

Life and AD&D Insurance

Life and AD&D Insurance

Basic Life Insurance

Fulton County provides you with Basic Term Life Insurance coverage

Dependent Spouse and Child Life Insurance

You can cover your dependents up to \$10,000 each; children are covered until age 26

Basic Accidental Death and Dismemberment (AD&D) Insurance

Fulton County provides you with AD&D coverage

Open Enrollment

Open Enrollment

Pre-65 Retirees/Beneficiaries

- All pre-65 retirees/beneficiaries enrolled in a medical plan must complete the *Tobacco-Use Attestation* online by **October 9, 2020** to avoid the \$50 monthly tobacco-use surcharge.
- Complete and return the *2021 Retiree Open Enrollment Form* if you want to make changes to your coverage for 2021. If you do not want to make changes to your coverage, do not complete the enrollment form.

2021 Open
Enrollment:
September 21 –
October 9, 2020

65+ Retirees/Beneficiaries

- To avoid losing the Part B premium subsidy for 2021, Medicare-eligible retirees/beneficiaries (65+) must complete the *Part B Affidavit* and return it to the Fulton County Pension Office with a copy of your Medicare card by **October 9, 2020**.
- Complete and return an enrollment form if you want to make changes to your coverage for 2021. If you do not want to make changes to your coverage, do not complete the enrollment form.
- If you want to switch to either Aetna Medicare Advantage Plan for 2021, you must have Medicare Part A and Part B and call Aetna at 800-307-4830.
- If you are currently enrolled in the Anthem Medicare HMO Plan and have Medicare Part B, you will be enrolled automatically in the Basic Aetna Medicare Advantage Plan unless you call Aetna to opt out by **October 9, 2020**.

Questions?

Contact us:

404-612-7606

pensionunit@fultoncountyga.gov